



1733

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Patent and Trademark Office: U.S. Department of Commerce

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Rev. 10/95

| | |
|------------------------|------------------|
| Application Number | 10/002,080 |
| Filing Date | 10/31/2001 |
| First Named Inventor | Kevin S. Stein |
| Group Art Unit | 1733 |
| Examiner Name | Todd J. Kilkenny |
| Attorney Docket Number | 4470-00613 |

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of pages in this Submission

11

ENCLOSURES (check all that apply)

- ☒ Fee Transmittal Form
- ☐ Fee Attached
- ☐ Amendment
- ☐ After final
- ☐ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement/PTO-1449
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/Incomplete Application
- ☐ Response to Missing Parts Under 37 1.52 or 1.53

- ☐ Assignment Papers (for an Application)
- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition Checklist and Accompanying Petition
- ☐ To Convert a Provisional Application
- ☐ Power of Attorney, Revocation, Change of Correspondence Address
- ☐ Terminal Disclaimer

- ☐ After Allowance Communication To Group
- ☐ Appeal Communication to Board Of Appeals and Interferences
- ☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Additional Enclosure(s) (Please identify below)

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Amendment in Response to Non-Compliant Amendment

Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|---|
| Firm Or Individual Name | Joseph J. Jochman, Reg. No. 25,058 ANDRUS, SCEALES, STARKE & SAWALL, LLP 100 East Wisconsin Avenue, Suite 1100, Milwaukee, WI 53202 |
| Signature | <i>Joseph J. Jochman</i> |
| Date | November 4, 2003 |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231 on this date:

November 4, 2003

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|-----------------------|---------------------------|------|-----------|
| Typed or printed name | Barbara A. Johnson | | |
| Signature | <i>Barbara A. Johnson</i> | Date | 11/4/2003 |



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| PTO/SB/17 (10/97) | | COMPLETE IF KNOWN | |
|--|--|--|------------------|
| FEE TRANSMITTAL | | Application Number | 10/002,080 |
| | | Filing Date | 10/31/2001 |
| | | First Named Inventor | Kevin S. Stein |
| | | Group Art Unit | 1733 |
| | | Examiner Name | Todd J. Kilkenny |
| Total Amount of Payment (\$) | | Attorney Docket Number | 4470-00613 |
| (\$) | | | |
| METHOD OF PAYMENT (check one) | | FEE CALCULATION (continued) | |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: | | 2. Additional Fees | |
| Deposit Account Number: 01.2000 | | Large Entity Small Entity | |
| Deposit Account Name: Andrus, Scales, Starke & Sawall, LLP | | Fee Fee Fee Fee | |
| <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17 | | Code (\$) Code (\$) Fee Description Fee Paid | |
| <input type="checkbox"/> Charge the Issue Fee set in 37 CFR 1.18 at the Mailing Of the Notice of Allowance, 37 CFR 1.311(b) | | | |
| 3. <input type="checkbox"/> Payment Enclosed: | | | |
| <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | | |
| FEE CALCULATION (fees effective 10/01/97) | | | |
| 1. Filing Fee | | | |
| Large Entity Small Entity | | | |
| Fee Fee Fee Fee | | | |
| Code (\$) Code (\$) Code (\$) Code (\$) | | | |
| 101 690 201 345 Utility filing fee | | | |
| 106 310 206 155 Design filing fee | | | |
| 107 480 207 240 Plant filing fee | | | |
| 108 690 208 345 Reissue filing fee | | | |
| 114 150 214 75 Provisional filing fee | | | |
| SUBTOTAL (1) (\$) | | | |
| (\$) | | | |
| 2. Claims | | | |
| Extra Fee from below Fee Paid | | | |
| Total claims -20= X = | | | |
| Independent - 3= X = | | | |
| Claims | | | |
| Multiple Dependent X = | | | |
| Claims | | | |
| Large Entity Small Entity Fee | | | |
| Fee Fee Fee Fee Description | | | |
| Code (\$) Code (\$) Code (\$) Code (\$) | | | |
| 103 18 203 9 Claims in excess of 20 | | | |
| 102 78 202 39 Independent claims in excess of 3 | | | |
| 104 270 204 135 Multiple dependent claim | | | |
| 109 82 209 41 Reissue independent claims over original patent | | | |
| 110 22 210 11 Reissue claims in excess of 20 and over original patent | | | |
| SUBTOTAL (2) (\$) | | | |
| (\$) | | | |
| SUBMITTED BY | | COMPLETE (if applicable) | |
| Type or Printed name: Joseph J. Jochman | | Registration Number: 25,058 | |
| Signature: <i>Joseph J. Jochman</i> | | Date: 11/4/2003 | |
| | | Deposit Account User ID: | |